



Self-Employment Verification

Name: _____

Business Mailing Address: _____

Type of Business: _____

Phone: _____ Fax: _____

Tax Payer ID # _____

Business income counted towards income eligibility for Community Corporation of Santa Monica Housing. Net income from the operation of a business or profession including cash withdrawals from the business. DO NOT deduct depreciation, payments made to expand the business or principal payments on debt.

- 1. Position / Occupation : _____ Date Began: _____
- 2. Anticipated Income: _____ Frequency: _____
(Hourly, Weekly, Monthly, etc.)
- 3. Last Year's Income: _____ Frequency: _____
(Hourly, Weekly, Monthly, etc.)
- 4. Additional Compensation: _____ Frequency: _____
(Hourly, Weekly, Monthly, etc.)
- 5. Has business been continuous? _____ Yes _____ No

Comments:

Attach a SIGNED copy of your Federal Income Tax Return including Profit/Loss Statement for each year in business.
If this is a new business, you will need to provide an anticipated Profit/Loss completed by an accountant or attorney.

Signature Title Date Phone Number

Signature of Notary Public Date State Commission Exp. Date

